FOR

RESERVED

MARGIN

18. BURIAL, CREMATION, OR REMO Manner of injury Nature of injury. 19. UNDERTAKER (Address) so, specify Registrar.

24. Was disease or injury In any way related to occupation of deceased?

Trunas (Address) __

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

1	Example II			
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
1915	Attack of epilepsy	1 week ago		
1921	Run over by street car	1 week ago		
July 5,1927	Peritonitis	3 days ago		
	Other contributory causes of importance:			
May 1,1923	Gastroenteritis	1 year		
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:		

PHYSICIANS should state

stated EXACTLY. properly classified.

AGE should be

mation should be carefully supplied.

CAUSE OF DEATH in plain terms, so that it may be properly of TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

N. B.

STATE OF	MARYL	AND-CER	TIFICATE	OF	DEATH
----------	-------	---------	----------	----	-------

1. PLACE OF DEATH	,		07386
County It more	1		Registration Dist. No. 280
Village or City Box	holls	<u>&1</u>	No. St. Ward
		(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residenca in city or town where dea	th occurred	yrs,mos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME & OLLE	ce /	Derce	ett.
(a) Residence: No.	sacce	nlla	RP2C Ward.
PERSONAL AND STATISTIC	(Usual place of		If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
	. SINGLE, MARR		21. DATE OF DEATH
Founda Ord	OR DIVORCED	(write the word)	Inch 4 102.3
5a. If married, widowed, or divorced	un a		(Month) (Day) (Year)
HUSBAND of (or) WIFE of	00	1 2	22. I HEREBY CERTIFY, That I attended decaased from
Maur	ellan	Le Dennet	June 28 , 1933, to Jary 7 , 1933
6. DATE OF BIRTH (month, day, and year)	less	k. V	I lest saw handlive on 1933; death is said
7. AGE Years Months	Deys	If LESS than 1 day,hrs.	to have occurred on the date stated above, at Xm.
78		ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER,		-1	Torregar of left file
A Sawyer, Bookston, or particular and services are services and services are services and services and services are services and services and services and services and services and services and services are services and servic			and correct
work was done, as SILK MILL, SAW MILL, BANK, etc.			76
1D. Dato deceased last worked at this occupation (month and	11. Total tim	ne (yeers) in this	Was parolyzed on June 15th 1933. Com
year)	- occup	ation	Other Contributory Canses of importance:
12. BIRTHPLACE (city or town) Back	us		Office Conditionery Canada of Importance.
(State or country)	me		
H 13. NAME TO THE 14. BIRTHPLACE (city or town)	toe	-	
4 14. BIRTHPLACE (city or town)	y		Nama of operation
(Stata of country)	0		What test confirmed diagnosis? Was there en eutopsy?
15. MAIDEN NAME Variades	Jun		23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME LA CALLES	il.		Accident, suicide, or homicide?
(Stata or country)			Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Security Security (Addrass)	rele	174	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	1 0	7 00	Manner of Injury
Place VI Place Clary	Oate feet	7,21,,195.3	Nature of injury
19. UNGERTAKER SL. I. P. D.	· ·		24. Was disease or injury in any way related to occupation of deceased?
(Address) Sau	wow	me	If so, specify
20. FILED 45 , 19 2 2	Jose Joy	Legistrar.	(Signed) Delegat Ind. M. D.
16 N	-L	1 . C D	V C I C PIU P

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	47-01-01-01-01-01-01-01-01-01-01-01-01-01-	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. B.				
Other contributory causes of importance:	3	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

PHYSICIANS should state Exact statement of OCCUPA-

properly classified.

CAUSE OF DEATH in plain terms, so that it may be properly or TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 17387
1. PLACE OF DEATH	82-0
County AMorys	Registration Dist. No. 2 DU
Village or City 180 By City	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME Jane E Bused	
(a) Residence: No. / (Legic	Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL ÄND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write tha word) Selected	21. DATE OF DEATH (Modith) (Oay) (Year)
5a. If married, widowed, or divorced HUSBANO of	
(or) WIFE of home	22. I HERESY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	I last saw her alive on 1933; death is said
7. AGE Years Mopphs Days If LESS than	to have occurred on the date stated above, at 11 Q m,
67 09 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importanca were as follows:
8 Trade profession or particular	Varalysi of leeft less, Oate of onest
4.9 Townstry or business in which	Central Herrhor
work was done, as SILK MILL, SAW MILL, BANK, etc	
11. Total tima (years) this occupation (month and year)	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country)	
13. NAME Berginan Ruge	
14. BIRTHPLACE (city or lown) Rea	Name of operation Oate of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Maria Somes	23. If death was due to external causes (VIOLENCE) fill in also tha following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Data of injury, 19
E (State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT To voje Golden Mil	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place S. F. Tuler Certy Date July 31, 19.3.3	Manner of injury
19. UNDERTAKER & I. M. Merce & March 19. (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED full B1, 19 8 3 Where Registrar.	(Signed) (Address) M. O. (Address) M. O.
If were blank and all the Sour Prince	Not to But Described

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

No

1	2F	ULL NAME	Ida	102	ook
-	PERSO	ONAL AND	STATISTICA	L PARTICE	JLARS
3 :	SEX /	4 COLOR	W. W.	INGLE, IARRIED, VIDOWED, R DIVORCED Write the word	me
			May (Month)	(Day)	, 17
7	AGE	57) yrs		9 ds	If LES l day
F	articular ki	profession or ind of work nature of ind		burn	war
	a) Trade, poarticular ki b) General	profession or ind of work nature of ind establishment oyed or (emplo	ustry in oyer) Over	e Ro	was
	a) Trade, particular ki b) General business, or which emplo	profession or ind of work nature of ind establishment oyed or (emplose country) .	ustry	e Ro	was
RENTS 6	a) Trade, particular kib) General pusiness, or which employed (State or Control of Father (State 12 MAIDE	profession or ind of work nature of ind establishment oyed or (employed or (employed or femployed). OF R PLACE THER or country) EN NAME	Jefefft	lo lo	me
PARENTS	a) Trade, particular kib) General vusiness, or which emplose the control of the c	profession or ind of work nature of ind establishment oyed or (employed or (employed or (employed)). OF R PLACE THER OR COUNTRY) PLACE THER OR COUNTRY)	Many Many	los los	Me

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 2 84

St.: Ward) (If death occurred in a hospital or institution, give its NAME istend of street and

number.)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended the deceased from

May

(1983. to July 24, 1923,

that I last saw here alive on July 15 the 1923,

and that death occurred on the date stated above, at 1923,

The CAUSE OF DEATH * was as follows:

Signed) (Duration) yrs mos M.

Aug. 2.5 1923 (Address) (Calle of the Violent Causes, state (1) Means of Injury and (2) Whether

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs mos ds. In the State yrs mos d Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Accidental, Suicidal or Homicidal.

Contributory Secondary

20 UNDERTAKER Plans

DATE OF BURIAL ADDRESS

Marc.

If more bianks are needed, address State Registrar, 16 W. Saratogs St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, cases, state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know a the kind of work and also (b) the Civil engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queseupation is very important, so that the relative health-Statement of Occupation - Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servaid, Cook ployed, as At school, or At home. Care should be taken definite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor. Architect, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enwork, loborer, haror, Farm laborer, first line will be sufficient, e. g., Farmer or Planter, Foremon, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is necesyrs). (b) Cotton mill; (a) Salesman. (b) Grocery; mon, (b) Automobile factory. The material without more precise specification as Day For persons who have no occupation Stationary freman, etc. Laborer-Coul mine, etc. Wom-Locomotive engineer, But in many

Statement of Cause of Death—Name, first, the DISEASI CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria avoid use of "Croup"); Typhoid Jeser (never report "Typhoid Pneumonia,"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc., "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "(Tranition," "Heart tallure, naturality," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonilis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar/ or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway troinapproved by Committee on (Recommendations on statement of cause of American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY (name origin; "Caneer" is less definite; avoid Chronic Example: Measles (disease etc. The contributory valvular heart Nomenclature of the Measles; disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.

STATE	OF	MARYI	AND-	CERTIFIC	ATE	OF	DEAT	Н
SIVIT		MAKIL	AIND	CLIVIIII	AIL		DEAL	п

0	phy	3	0	n
U	6	0	Ö	3

1. PLACE OF DEATH	<u> </u>
County At Manys	Registration Dist. No. 287
	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME James arthur Com	See
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (prite the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, and year) July 11, 1933 7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEPER, etc 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and spant in this occupation cocupation)	Compression of cord 7/14/33
12. BIRTHPLACE (city or town) Wyman (State or country)	Other Contributory Causes of Importance: Bruch presentation & Built
14. BIRTHPLACE (city or town)— (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address)	23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place St. Michaels Company Joseph 12, 1933	Manner of injury
19. UNDERTAKER Ather B. Canlo	24. Was disease or Injury In any way related to occupation of deceased? ? ?
20. FILED July 12, 1933 Py Den Mo	(Signed) M. D. (Address) Print Mills M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "cmployee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II			
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
1915	Attack of epilepsy	1 week ago		
1921	Run over by street car	1 week ago		
July 5,1927	Peritonitis	3 days ago		
	Other contributory causes of importance:			
May 1,1923	Gastroenteritis	1 year		
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
------------	-------	-----	---------	------------	---------------	-----------

MARGIN RESERVED FOR BINDING

V. S. No. 1

CTATE	OF	MADW	AND OFF	TITICATE		DEA	T. 1
SIAIL	UF	MARIL	AND-CER	HILLAIE	OF	DEA	IH

0	pay	2	3	1
U	6	U	2)	V

1. PLACE OF DEATH	(82-£)
County At Many	Registration Dist. No. 28-7
Village or City Sev thank	NoSt.,Ward
At the state of th	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
1 1 100 0 0	
2. FULL NAME John W. W. Alloyin	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Mary Delogue	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) August 19, 1857	I last saw harman alive on 18, 1973; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 12.230 Am.
75	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done as SPINNER	Data of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Cerebral Thrombosis 415/33
work was done, as SILK MILL, SAW MILL, BANK, etc	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) year) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Prince Grounds Country)	Other Coutributory Causes of importance:
	antena selenosia 1927
E	
4. BIRTHPLACE (city or town) (State or country)	Name of operation
置 15. MAIDEN NAME	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
∑ (State or country)	Where did injury occur?
17. INFORMANT Inthony Delogius. (Address) Scotland Ind	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18, BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place M. Museum Company 14, 1933	Nature of injury
19. UNDERTAKER Ernest Plotingson	24. Was disease or injury in any way related to occupation of deceased?
(Address) Danieron Md	If so, specify
20. FILED folia 20, 1937 Affilia March Registrat.	(Signed) M. D. (Address) Proat miles my

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93:2)
county St. Maryo Caunty	Registration Dist. No. 283
Village or City Oakley	No. St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME amelia, Rias Freys	l
(a) Residence: No. 1868 Columbia Rd. Was	al st. C Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (waste the word)	21. DATE OF DEATH
Temale white manual	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBYCERTIFY, That I attended deceased from
(or) WIFE of Isadare Freund	
6. DATE OF BIRTH (month, day, and year) July 5- 1879.	I last saw h alive on, 19, death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
5 3 11 29 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	A A A A A A A A A A A A A A A A A A A
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	Caronary Shortones July 9
work was done, as SILK MILL dauseur &	
11. Total time (years) this occupation (month and	Veed on Unival
this occupation (month and year) spant in this 30 occupation 30	Dther Contributory Causes of importance:
12. BIRTHPLACE (city or town) Washingla	A 1
(State or country)	Chronic Myscordelis -
13. NAME William Golf Rece	//
14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diagnosis?
15. MAIDEN NAME (Quella Hand) 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
2 2 2 2 2	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT To add TAllind - (Address)	Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
Place Wash Retrin Congre. Date July 6, 19 33	Nature of Injury
19, UNDERTAKER A Seins Sons Co	24. Was disease or Injury in any way related to occupation of deceased?
(Addiess) washing to DE.	If so, specify
20. FILED July 4 1933 X 93 Johnson	(Signed) Classus Willel M. D.
Registrar.	(Address) De Astico Md
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1 N. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07392
1. PLACE OF DEATH	9:20
County St. Valary	Registration Dist. Np. 283
Village or City Sand auden	ND. St., Ward
(If	death occurred in a hospitalor institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred yyrs mos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME JOURN JAMON	
(a) Residence: No. Qual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR/OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Timul Mate OR DIVORCED (write the word)	My H , 193 d
5a, If married, widowed for divorced	(Month) (Day) (Year)
(or) WIFE of Morray Co. Jackon	22. I HEREBY CERT VFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) JOW 1 - 1864	last saw h alive on 2000 30 1933 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
69 6 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Date of onset
kind of work done, as SPINNER, All ANNUL	Consame Contenisa + De asinga 1928
9. Industry or business in which work was done, as SILK MILL,	- (MAN PARLERARALICA)
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
this occupation (month and spent in this occupation	
10 Maption	Other Contributory Causes of Importance:
12. BfRTHPLACE (city or town) (State or country)	WHILL The annatate term
13. NAME JUMES 14. JUANE	f-+
13. NAME TOWNER 14. SULLAR 14. BIRTHPLACE (city or town) DANDARD (State or country)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an aulopsy? M.
15. MAIDEN NAME SUIGH MANN YYM RELEN	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME DUNCH (MANY) NEELEN 16. BIRTHPLACE (city or town) - CLANNAS AND A	Accident, suicide, or homicide?Date of injury19
(State or country)	Where did injury occur?
17. INFORMANT QUILLING TOUR TOUR TOUR TOUR TOUR TOUR TOUR TOUR	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Dr. 1997	Nature of injury
19. UNDERTAKER 12 6. 1 Tally gly	24. Was disease or injury in any way related to occupation of deceased?
(Address) XMMMAMM	If so, specify
20. FILED July 4 , 1923 d. 13 Dommer	(Signed) X. M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	,
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	ALG. 4 1937	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis	8	1921	Run aver by street car	1 week ago
Cerebral hemorrhage	BUREAU V.	July 5,1927	Peritanitis	3 days aga
Other contributory cause	es of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastraenteritis	1 year

V. S. No. 1 N. B.

WRITE PLAINLY WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state		infor-	state
-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD, Every in mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS)	jo ma	pluods
-WRITE PLAINLY WITH UNFADING INK-THIS IS A PERMANENT RECORD. mation should be carefully supplied. AGE should be stated EXACTLY. PHYSIC		Every it	MAIN
-WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT mation should be carefully supplied. AGE should be stated EXACTLY	•	RECORD.	PHYSIC
WRITE PLAINLY WITH UNFADING INK-THIS IS A Pmation should be carefully supplied. AGE should be stated	BINDING	ERMANENT	EXACTLY.
WRITE PLAINLY WITH UNFADING INK-THIS mation should be carefully supplied. AGE should be	FOR	IS A P	stated
WRITE PLAINLY, WITH UNFADING IN mation should be carefully supplied. AGE	日本く出り	K-THIS	should be
-WRITE PLAINLY, WITH UNFAI	N KEN	DING IN	AGE 8
-WRITE PLAINLY, WITH mation should be carefully	MAKGI	UNFAI	supplied.
-WRITE PLAINLY mation should be ca		WITH	refully
-WRITE 1 mation sho		PLAINLY	ould be ca
	1	-WRITE 1	nation she

Exact statement of OCCUPA-

properly classified.

pe

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07393
1. PLACE OF DEATH	
County DV. MANUS	Registration Dist. No. 283
Village Dr City MN 980000	ND. St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 2 2 yrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME MANY MEARING	~~~~~
(a) Residence: No. 2Nor gam N (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH May 35 (Month) (Day) (Year)
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND OF COMM CONTROL	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) beby 6 -1866	I last saw h alive on
7. AGE Years Months Days If LESS than 1 dayhrs.	to have occurred on the date stated above, at
66 10 22 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Dated outset
SAWYER, BDDKKEEPER, etc.	1 g har
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 11. Total time (years) this occupation (month end)	Consusse Mujoluseum 1929
O Date deceased last worked at this occupation (month end; year) occupation.	
12. BIRTHPLACE (city or town) Laurel James (State or country)	Diher Contributory Causes of importance:
1 650 1 11 11 11 11 11 11 11 11 11 11 11 11	
II 13. NAME / PAOL MARANNA	
14. BIRTHPLACE (city or town) Land Struct	Name of operation Date of
(Stele of country)	What test confirmed diegnosis? Wes there an autopsy?
15. MAIDEN NAME MASS SAME 16. BIRTHPLACE (city or town) Lasmanus (State or country)	23. If death was due to external causes (VIDLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) Lastardly	Accident, suicide, or homicide? Date of injury, 19
X (State of country)	Where did injury occur?
17. INFORMANT SUMLY SMEATHAG (Address) Marya away	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
Place Discounting 1999	Nature of injury
19. UNDERTAKER COLMEN TV. AUGUS (Address) W. M.	24. Was disease or injury in any way related to occupation of deceased?
Valla 20 22 11 11 Sulana	(Signed) A A SYMMAM M. D.
20. FILED 200 L 19 2 2	The state of the s

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address)

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

V. S. No. 1

ż

STATE OF MARTLAND	CERTIFICATE OF DEATH 07301	
1. PLACE OF PEATH	210 m	
County / M. Marij	Registration Dist. No. 257	
Village or City Ponarathern	No. Mary Hospital Ward	d
	death occurred in a hospital or institution, give its NAME instead of street and number)	
Length of residence in (ity of town where death occurred	How long in U.S. if of foreign birth?yrsmosds.	ie
2. FULL NAME SEALURING TO THE	The second second	
(a) Residence: No. (Usual place of above)	Ward. If nonresident give city or town and State	_
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 2. 4. COLOG OR RACE S. SINGLE, MARRIED, WIDOWED, OR D(VORCED (1997) of the word)	21. DATE OF DEATH (Day) (Day) (Year)	-
5a. If married, widowed, or divorced HUSBAND of		
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from	
17 a 2 d 1895	I Aget saw h alive on he is a live on he is a	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years, Months Days If LESS than	to have occurred on the date stated above, at 4.3 m.	3
38 \$ 29 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8 Trade profession or particular	were follows:	
kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc.	Macien of skull	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.		1
SAW MILL, BANK, etc	Usual of auto was such	Y
this occupation (month and 7/2 4/33 spent in this occupation		
12. BIRTHPLACE (city octown)	Other Contributory Causes of importance:	
(State or county)		
13. NAME Thomas Read		
14. BIRTHPLACE (city or town)	Name of operation Date of	-
(State or county)	What test confirmed diagnosis? Was there an autopsy?	**
15. MAIDEN NAME Yaure Woodland	23. If death was due to external cryses (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (Sity or town)	Accident, suicide, or homicide (Cecles Bate of injury 7/23, 1933	-
(State or country)	Where did injury occur? (Specify city or town, county and State)	_
17. INFORMANT Olas, May	Specify whether injury occurred in INDUSTRY in HOME, on in PUBLIC PLACE.	
(Address) Steeless Garage (18. BURIAL, CREMOTON, OR REMOVAL	Frank Corro	-
Place 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Manner of injury	-
They do Malling	Nature of injury // Lakery // Placett	-
19. UNDERTAKER (Address)	24. Was disease or injury In any way related to occupation of deceased?	-
7/22 82 4/2	(Signed) / March O. Carraler N. D.	-
20. FILED / 2. 5 , 195 5 States alexa Registrar.	(Address) Maria 1 Atom m	1
	N. C. L. C.	-

CTATE OF MADVI AND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

1	Example II			
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
1915	Attack of epilepsy	1 week ago		
1921	Run over by street car	1 week ago		
July 5,1927	Peritonitis	3 days ago		
		0 11		
	Other contributory causes of importance:			
May 1,1923	Gastroentcritis	1 year		
	1915 1921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:		

FOR BINDING

MARGIN RESERVED

V. S. No. 1

ż

1. PLACE OF DEATH	F MARYLAND—	CERTIFICATE OF BEATTI	397
County & I Manya		Registration Dist. No. 28	
Village or City Ren O	(1)	NoSt.,Standard or institution, give its NAME instead of street and number	_Ward
Length of residence in city or town where d	eath occurredyrsmos	ds. How long in U.S. If of foreign birth? wrsmos	ds.
2. FULL NAME Mary	I relian yr	ay.	
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTI		MEDICAL CERTIFICATE OF DEATH	STATE AND DE
3. SEX 4. COLOR OR RACE Col.	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED write the word)	21. DATE OF DEATH (Month) (Day) (Y)	S ear)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I attended decease	ed from
(4)		July 6 ,19 to July 17 ,15	83
6. DATE OF BIRTH (month, day, and year)	ng 6-1933		ls said
7. AGE Years Months	Days If LESS than 1 day, hrs.	to have occurred on the date stated abova, at	
8. Trada, profession, or particular	ormin.	were as follows:	of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. SIndustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 1b. Data deceased last worked at this occupation (month and	none	Premoliere Bresh.	200
SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) (State or country)	morgina Bo	Other Contributory Causes of importance:	
II 13. NAME GORE	Gray.		
13. NAME 14. BIRTHPLACE (city or town) (State or country)	1 may 60	Nama of operation Date of Was there an autopsy	7
15. MAIDEN NAME Sad. M.	mie Lloyd.	23. If death was dua to external causes (VIOLENCE) fill in also the following:	
15. MAIDEN NAME Sade M 16. BIRTHPLACE (city or town) (State or country)	1. may bo:	Accident, suicide, or homicide?	9
(Stata or country)	O. net	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT John (Address)	Fire and	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	usal a set	Manner of Injury	
Place Salukae CP	Date 127 192.5	Nature of injury	
19. UNOERTAKER Z W. (Address)	Louisasse	24. Was disease or injury in any way related to occupation of deceased?	
20. FILEO July L 8, 199	Registrar,	(Signed) Leona & Danhoroni.	M. D

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

		,
	_	
9.		

	County DEA	Mari	11		·····	Registration	Dist. No.	3
	Village or City	Monga	man		NoNo in a hospital or institu	ution give its NAN	St.,	Water Water
	Length of residence in c	ity of town where	leath occurred	yrsfmo	ds. How long in U.S. if	of foreign birth?	yrs,	mos
2.	. FULL NAME	MALA	MISS	h Mas	<u> </u>			
	(a) Residence: No.	11/1	VA WAA	of abode)	St.,Ward.	If nonresiden	at give city or town a	and State
Month St.	PERSONAL AN	D STATIST	CAL PART	CULARS	MEDICAL C		E OF DEATH	
3. \$	Male 4. col	OR OR RACE		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH	July	2	, 193 3.
5a.	If married, widowed, or div HUSBANO of	orced				(Month)	(Day)	(Year
	(or) WIFE of	^					Y, That f attend	
e D	DATE OF BIRTH (month, da		Men 1	-1933	1/		19	
7. A		Months /	Days	If LESS than	to have occurred on the date state			, death 15
		- V	1/	l day,hrs.	The PRINCIPAL CAUSE OF DEA	TH and related cau	ses of importance	1
z	8. Trade, profession, or p	articular						Date of
임	kind of work done SAWYER, BOOKKE			**********	MMMM	vn		
UPA	9. Industry or business i work was done, as SAW MILL, BANK,	SILK MILL,						
OCCUPATION	10. Date deceased last wo	rked at	11. Total	time (years)	-	***********		
	this occupation (mo	onth and		nt in this upation				
12.	BIRTHPLACE (city or town)	1/10	ganza		Other Contributory Causes of imp	ortance:		
- 1	(State or country)	- /	10/11	MA				
HER	13. NAME ADM	MAN	nam	N				
-	14. BIRTHPLACE (city or t	own)/_/_/	vyamza	trs-1-1	Name of operation		Date of	
-	(State or country)	le Dearte	The off	TAVEV	What test confirmed diagnosis?		Was there a	n autopsy?
THER	15. MAIDEN NAME	MYWW	00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2 01	23. If death was due to external ca			
MOT	16. BIRTHPLACE (city or to (State or country)	own)-f-1-1/-1/-	rvyww	A Sound;	Accident, suicide, or homicide?		Oate of injury	, 19
	Ent.	2 of elle	Mark	7700	Where did injury occur?	(Specify city o	r town, county and S	itate)
17. i	(Address)	Marian in	y MV		Specify whether injury occurred i	n INOUSTRY, in H	OME, or in PUBLIC	PLACE.
18.	BURIAL, CREMATION, OR	REMOVAL #	0		Manner of injury			
	Place, D. V. W.	WNM	Daje In	9 2 19 33	Nature of injury			
19. (UNDERTAKER	eharal	MAN	8/1	24. Was disease or injury in any v			
	FILED John 2	10 33 /x	1.13 m	MISNN	(Signed)	MMM	W	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL.	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
ADDITIONAL	SIAUG	run	CONTHER	STATIMITMIS	10 1	THESTOIAN

M

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(210-m)
County of mary	Registration Dist. No. 26
Village or City June had town	No. St., Ward
Length of residence in city or town where death occurred	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Suell Sincert to	eff
(a) Residence: No. Lemandlown	Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Month (Day) (Pear)
5a. If married, widowed, or divorced HU3BAND of	
(or) Wester found	22. I HEREBY CERT! FY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 4 months (40 >	I last saw believe on 1944 : death is said
7. AGE Years Months Days If LESS then	to have occurred on the date stated above at
26	The PRINCIPAL CAUSE OF DEATH and releted causes of Importence were as follows:
9 Trade profession or particular	Date of onest
A Take, professing, or particular to the first processing of particular to the first processing of the	- mund Hemorrhad blat.
9 Industry or business in which work was done, as SILK MILL,	to a Lune
SAW MILL, BANK, etc	
O 10. Date deceased last worked et this occupation (month and year) occupation	Getomotile accident 6.4-31
L-A 2	Other Contributory Causes of importence:
12. BfRTHPLACE (city or town) (State or country)	
I 13. NAME TIS animal Heber	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an eulopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	23. If death was due to external ceuses (VIOL ENCE) fill In also the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Accident Dete of injury 26, 9, 19, 22
(State or county) (Mary OS Mg	Where did injury occur? An Alet Double stier Ken het
17. INFORMANT fullaged Stepl	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME or in PUBLIC PLACE.
(Address) Jehnerdhison Mel	On Fastig road
18. BURIAL, CREMATION OR REMOVAL Place Construction of the 10 1977	Manner of Injury Cherry working accepted
Place - pate - p	Nature of injury fractured Color To two Local L
19. UNDERTAKER TOTAL COMMUNICATION CONTROL CON	24. Was disease or Injury In any way related to occupation of deceased?
(nulless)	if so, specify
20. FILED / - 10 , 193 3 Dr. + amalia Registrar.	(Signed) M. D. (Address) July 100 Miles
	1411 N. Charles Street, Baltimore, Requesting U. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done. 'c

10.—The month and year the deceased last worked at the occupation. 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the form "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but rive the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and we lessale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, in the complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal causes, name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	The state of the s	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

MPORTANT

19. UNDERTAKER (ADDRESS)

0

1 PLACE OF DEATH

MAGISTERIAL

DISTRICT OF

INC. TOWN OF

CERTIFICATE OF DEATH COMMONWEALTH OF VIRGINA

(No.

IF LESS THAN

1 DAY HRS.

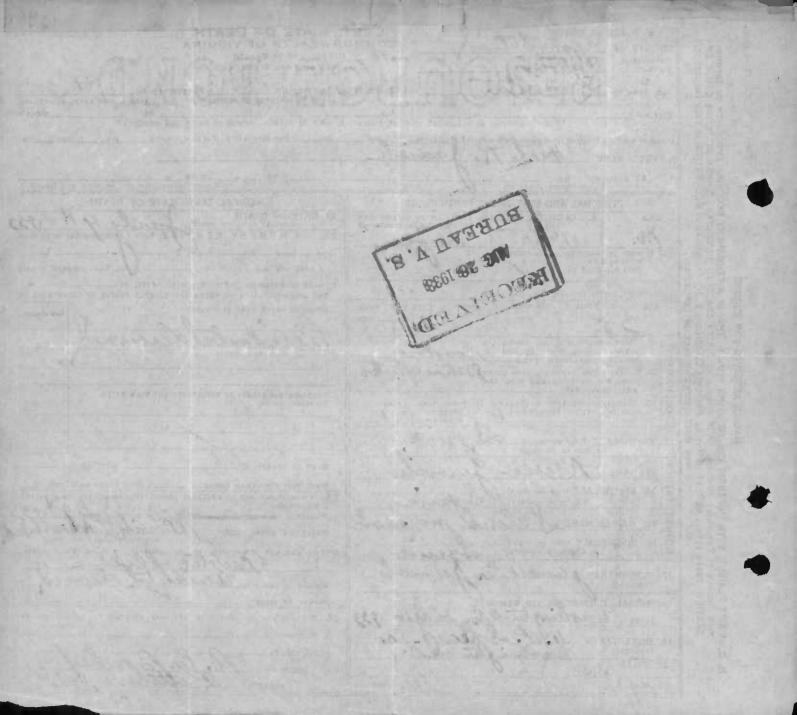
Registrar.

03

OR M IN.

BUREAU OF VITAL STATISTICS

DEPARTMENT OF HEALTH REGISTRATION DISTRICT NO. O (TO BE INSERTED BY REGISTRAR) (FOR USE OF LOCAL REGISTRAR) WARD) (If death occurred in a hospital or other institution, give its NAME instead of street and number) Length of residence In city or town where death occurred A yrs. _____ds. ____ds. _____dw long in U. S., if of foreign birth? _____yrs. _____ds (If nonresident give city or town and State) MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (month, day, and year) I HEREBY CERTITY, THAT I ATTENDED DECEASED FROM To 1...... DEATH IS SAID I LAST SAW H ALIVE ON THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE IN ORDER OF ONSET WERE AS FOLLOWS: Date of onset CONTRIBUTORY CAUSES OF IMPORTANCE NOT RELATED TO PRINCIPAL CAUSE: NAME OF OPERATION DATE OF WHAT TEST CONFIRMED DIAGNOSIS? WAS THERE AN AUTOPSY?..... 23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE . FOLLOWING: ACCIDENT, SMOUTH, OR MOMICIDE? WHERE DID INJURY OCCUR? (Specify city or town, county and State) SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC MANNER OF INJURY NATURE OF INJURY 24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? IF SO. SPECIFY (SIGNED) (ADDRESS)



PHYSICIANS should state Exact statement of ,OCCUPA-

AGE should be stated EXACTLY.

properly classified.

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND-CERTIFICATE OF DEATH

7 - 0	n	110	
J	y	3	
	3	39	7399

1. PLACE OF DEATH	(186-01)
County Amary s	Registration Dist. No. 2 80
Village or City & accessed mel	NoSt.,Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsds.
5 , 0 , 1-	Facels (Langles)
2. FULL NAME Marace Copherines	Xaisty (surgely)
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH SO (Month) (Day) (Year)
5a. If married, widowed, or divorced	V
HUSBAND of Cor) WIFE of Langle	22. I HEREBY CERTIFY. That I attended deceased from Com 15 1983. to Aug 50 1983.
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last saw h
0 ~	The PRINCIPAL CAUSE OF DEATH end releted causes of Importance
8. Trade, profession, or particular	Broken His and Breeden Date of one of
Kind of work done, as SPINNER, Hausen	Carrhodi o lumis para direction.
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and spent In this	
SAW MILL, BANK, etc	Broken Lip coused from a fall in
O 10. Date deceased last worked et this occupation (month and year) year)	December, 1932. Owy R.
year)	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
Ŧ 0''	
[14. BIRTHPLACE (city or town) (State or country)	Name of operation
IS. MAIDEN NAME Bib Cury Les	What test confirmed diagnosls? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following:
I I	Accident, suicide, or homicide? Date of injury 19
O 16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
17. INFORMANT Tava V Stronger	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place St Febr Clas Date for 22, 1933	Nature of injury
19. UNDERTAKER & C. D. Dieber	24. Was disease or injury in eny way related to occupation of deceased?
(Address) Acureron trul	If so, specify
20. FILED feel 21 , 19.33 Atlanta	(Signed) M. D. (Address) Riese md.
1/ /	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "storc," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, ctc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the discase, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
EURICAU V.S.	£ {			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

for authority to	Objected	112.11	tresth	B.	laita
berth Oliberale	- Colonia	()			1000
		400	100 ETS	5	

FOR BINDING

MARGIN RESERVED

STATE OF MARYLAND-CERTIFICATE OF DEATH

1)	my	A	1	1	
U	4	*	U	1	

1. PLACE OF DEATH		1997	
County St Manys	######################################	Registration Dis	st. No.287
Village or City Great his	(b)	No.	St., Ward
Length of residence in city or town where dea		f death occurred in a horpital or institution, give its NAME in	stead of street and number)
2. FULL NAME Augh	Morris		
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give	e city or town and State
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE C	OF DEATH
3. SEX 4. COLOR OR RACE 5	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	(Day) (Yeer)
5a. If married, widowed, or divorced	1		(bu)) (lett)
HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY,	3
1			4 27 19.35
6. DATE OF BIRTII (month, day, and year)	-4, 1931	I last saw harmalive on	death is said
7. AGE Years Months	Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 4 (2.2.4) The PRINCIPAL CAUSE OF DEATH end related causes of were as follows:	of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	hone	Consulsion	7/29/3
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc			
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) Pert	mills	Other Coatributory Causes of importance:	, ,
(State or country)		Colitis	7/29/2
13. NAME 13. NAME 14. BIRTHPLACE (city or town)	korris		1/1/2
14. BIRTHPLACE (city or town)		Name of operation	Date of
(State or country)	And	What test confirmed diagnosis?	1.
15. MAIDEN NAME LA AS 16. BIRTHPLACE (city or town)	all	23. If death was due to external causes (VIOL ENCE) fill in	also the lollowing:
16. BIRTHPLACE (city or town)		Accident, suicide, or homicide? Dat	e of injury, 19
∑ (State or country)	rand	Where did injury occur?(Specify city or tow	vn, county and State)
17. INFORMANT Rule Roys (Address) Quest Visi	Els hid	Specily whether injury occurred in INDUSTRY, in HDME	, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Bully trace come language	Date Jaly 30 , 1933	Manner of injury	
19. UNDERTAKER Army ke (Address) Grant In the	and	24. Was disease or injury in any wey related to occupation	
20. FILED July 22, 1933	Home ho	(Signed) (Address) Great Mile	is my

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
AGG 2 2004				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR	FURTHER STATEMENTS	BY	PHYSICIAN
----------------------	--------------------	----	-----------

1. PLACE OF DEATH

STATE OF	MARYLAN	D-CERTIFICA	TE OF	DEATH
----------	---------	-------------	-------	-------

Registration Dist. No. 286	
St., W Iution, give its NAME instead of street and number)	ard
of foreign birth?yrsmos	

county St. Marys	Registration Dist. No. 286
Village or City Nursey P.O. md	No. St., Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds
(a) Residence: No. Nurry Ma	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Temale Whate Temale T	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorcad	
(or) WIFE of Jusy . W. Plarson -	22. I HEREBY CERTIFY That I attended daceased from
6. DATE OF BIRTH (month, day, and year) Fet. 12-1902	I last saw her alive on July 1933; daath is sale
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at 7.4.m.
31 4 29 1 day,hrs.	mara as fallone.
8. Trada, profassion, or particular kind of work dona, as SPINNER,	Date of one of 14 3 2
SAWYER, BOOKKEEPER, etc.	Pulmonary Tuterculoses 1/2 yrs
9. Industry or business in which work was done, as SILK MILL, Hausewark SAW MILL, BANK, atc	\\
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Data deceased last worked at this occupation (month and yaar) - Alax A.A. 11. Total tima (yaars) spent in this occupation	
12. BIRTHPLACE (city or town) Wan a land (State or country)	Other Contributory Causes of importance: Juleuculoses Jaunes lis 3 mo
I 13. NAME John N. Wheelen	Justicate Surgerities 1740
13. NAME 14. BIRTHPLACE (city or town) (Stata or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
I 15. MAIDEN NAME alice Handen	What test confirmed diagnosis?
15. MAIDEN NAME Alce Hayden 16. BIRTHPLACE (city or town) (Stata or country)	Accidant, suicide, or homicida?
17. INFORMANT ON U. Planson (Addrass)	(Specify city or town, county and State) Spacify whethar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Sacred Heart Date July 12, 1933	Mannar of injury
19. UNDERTAKER Eugene Haul	24. Was disease or injury in any way related to occupation of daceased?
(Addrass) Ohymand and	If so, spacify
20, FILED / - / / 1933 V/ (O alyny	(Signad) (May M. D

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. No. 1.

(Addrass) _.

ż

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, ctc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis Julu 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STA	ATEMENTS I	BY	PHYSICIAN
----------------------------------	------------	----	-----------

MARGIN

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 2

(If death occurred in a hospit . I or Institu-St.: Ward)

tion, give its NAME i. stead of street and

MEDICAL CERTIFICATE OF DEATH

(Month) (Day) I HEREBY CERTIFY, That I attended the deceased from

and that death occurred on the date stated above, at

automobile accede

......(Duration)yrs......mos......ds.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-

Where was disease contracted On Washington Point Lookart Highway if not at place of death? To treem Charl the Holl, and Mochanist

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from loborer, should be used only when needed. As examples: (0) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). work, Spinner, Statement of Occupation - Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Nervant, Cook, ployed, as At school, or At home. Care should be taken definite salary, may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every whatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Physician, Compositor, "etc., without more precise specification as Day mer, (b) Cotton mill; (a) Salesman. (b) Grocery; Foreman, (b) Automobile factory. The material engincer, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wom-For persons who have no occupation Stationary fireman, etc. But in many Architect, person, irrespective of Locomotive engineer,

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same dise. se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria avoid use of "Croup"); Tuphoid fever never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of approved by Committee on tetanus) may be stated under the head of "contributory." American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; curbolic acid-probably suicide. The n.ture of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL of HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was diseases tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Brouchopneumonia (secondary), Whooping unqualified, is indefinite); Tuberculosis of lungs,: men-(secondary or intercurrent) affection need Chronic interstitial nephritis, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiname origin; "Cancer" is less definite; avoid resulting from childbirth or miscarriage as " "Marasmus," "Old Age," cough; Chronic etc. The contributory valvular heart Nomenclature Always qualify all not be disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

County Stills Co	STATE OF MARYLAND—	CERTIFICATE OF DEATH 07404
Village of City Length of residence in city or town where, death occurred (a) Residence: No. Virial Personnal And STATISTICAL PARTICULARS 1. SEX 1. SEX 1. SEX 1. COLOR OR RACE S. SILLER, MARKE (a) Residence: No. Ward 1. Townshidest give city or town and State PERSONNAL AND STATISTICAL PARTICULARS Innovenidest give city or town and State PERSONNAL AND STATISTICAL PARTICULARS Innovenidest give city or town and State PERSONNAL AND STATISTICAL PARTICULARS Innovenidest give city or town and State PERSONNAL AND STATISTICAL PARTICULARS Innovenidest give city or town and State PERSONNAL AND STATISTICAL PARTICULARS Innovenidest give city or town and State PERSONNAL AND STATISTICAL PARTICULARS Innovenidest give city or town and State PERSONNAL Great for DEATH 1. SEX 1. DATE OF DEATH 1. SEX 1. DATE OF DEATH 1. SEX 1. DATE OF DEATH 1. Sex of SEX or Sex		(117)
Length of residence is city or town where, death occurred yrs. mot. ds. How long in U. S. If of foreign birth?	County Al March	Registration Dist. No. 21
Langth of residence in city or town where death occurred (a) Residence: No. (b) PERSONAL AND STATISTICAL PARTICULARS 1. SEX 1. SEX 1. COLOR OR RACE 5. SINCIR, MARRIED, MIDIOWED, OR DIVORCED write the word) 6. DATE OF BERTH (month, day, and year) 7. AGE 8. Trade, profession, or particular with the word was done as STINNER, was sold to the word was done as STINNER, were as follows: Well or country) 12. BIRTHPLACE (city or town). 13. ISBRTHPLACE (city or town). 14. SIRTHPLACE (city or town). 15. BIRTHPLACE (city or town). 16. BIRTHPLACE (city or town). 17. INFORMANT (State or country). 18. BIRTHPLACE (city or town). 19. All of the death of the death of the city or town). 19. All of the death of the city or town). 19. All of the death of the city or town). 19. All of the country). 19. Mander of migray. 19. Accident, suicide, or homicide? 20. Accident, suicide, or homicide? 21. Accident, suicide, or homicide? 22. (State or country). 23. If death was due to external causes (VIDLENCE) fill in also the following: suicide, or homicide? 24. Was disease or injury in any way related to occupation of deceased? 24. Was disease or injury in any way related to	Village of City Syllshrill	
2. FULL NAME (a) Residence: No. (Usea) place of abodo) PERSONAL AND STATISTICAL PARTICULARS 1. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED OR DIVORCED write the word) 5. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If ILESS than to have occurred on the date sigled above of the date sigl		
(a) Residence: No. (Cualphace of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SHIGLE, MARKED, WIDOWED, OR DIVOKED/ write the word) 5. If married, widowed, or divorced (or) Wife of (11/6. 8:0	
PERSONAL AND STATISTICAL PARTICULARS 3. SEX		St Ward
3. SEX. 3. SEX. 3. SEX. 3. SEX. 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OX DIVORCEPX write the word) 50. If married, widowed, or divorced (10.5 hb) 6. DATE OF BIRTH (month, day, and year) 7. AGE 7. AGE 7. AGE 7. Years 7. Months 7. AGE		
OR DIVORCED write the word) So It married, widewed, or divorced HUSBAND or H	PERSONAL AND STATISTICAL PARTICULARS	
HUSBAND of (or) Wife of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,	finish Cof OR DIVORCED (write the word)	July 18 , 199 33.
To AGE Vears Months Days ITLESS than I day, his, or min. 8. Trade, profession, or particular sind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	HUSBAND of	22. HERE CERTIFY. That I attended decree from 19.72, to 19.72
7. AGE Years Months Days If LESS than to have occurred on the date styled above a. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: 1	6. DATE OF BIRTH (month, day, and year) Charles 4 1933	I last saw h 2 alive on last july [7. d., 1932; death is said
8. Trade, profession, or particular solutions of comminations	7. AGE Years Months Days If LESS than	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Houtry or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, etc. 10. Oate deceased last worked at this occupation (month and year) 11. Total time (years)		was as fallows:
12. BIRTHPLACE (city or town). (State or country) 14. BIRTHPLACE (city or town). (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town). (State or country) 17. INFORMANT. (Address) 18. BURIAL, CREMATION OR REMOVAL Place. 19. UNDERTAKER (Address) 20. FILED 21. Total or town, occurry in any way related to occupation of deceased? (Address) 22. FILED 23. If so, specify Manner of imjury Where did injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Signed). (Signed). (Address) M. D. (Address)	8. Trade, profession, or particular kind of work done, as SPINNER.	S. of Markon
12. BIRTHPLACE (city or town). (State or country) 14. BIRTHPLACE (city or town). (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town). (State or country) 17. INFORMANT. (Address) 18. BURIAL, CREMATION OR REMOVAL Place. 19. UNDERTAKER (Address) 20. FILED 21. Total or town, occurry in any way related to occupation of deceased? (Address) 22. FILED 23. If so, specify Manner of imjury Where did injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Signed). (Signed). (Address) M. D. (Address)	SAWYER, BOOKKEEPER, etc.	Centero Collette 5 days
12. BIRTHPLACE (city or town). (State or country) 14. BIRTHPLACE (city or town). (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town). (State or country) 17. INFORMANT. (Address) 18. BURIAL, CREMATION OR REMOVAL Place. 19. UNDERTAKER (Address) 20. FILED 21. Total or town, occurry in any way related to occupation of deceased? (Address) 22. FILED 23. If so, specify Manner of imjury Where did injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Signed). (Signed). (Address) M. D. (Address)	work was done, as SILK MILL, SAW MILL, BANK, etc	
12. BIRTHPLACE (city or town) 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 17. INFORMANT (Address) 18. BURIAL, CREMATION OR REMOVAL 19. UNDERTAKER (Address) 20. FILED 21. Maiden 22. Mas disease or injury in any way related to occupation of deceased? 15. Specify and the content of		
13. NAME 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) (Specify city or town) (Specify city or town, county and State) (Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Address) (Address) (Signed) (Address) (Address) (Address) (Signed)	year) occupation	Other Contributory Causas of importance:
13. NAME 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 17. INFORMANT (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION OR REMOVAL Place 19. UNDERTAKER (Address)		<i></i>
What test confirmed diagnosis? Was there an autopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION OR REMOVA: Place (Address) 19. UNDERTAKER (Address) 20. FILED 7 9 3 3 Constant of the country of the co		Convulsions
What test confirmed diagnosis? Was there an autopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION OR REMOVA: Place (Address) 19. UNDERTAKER (Address) 20. FILED 7 9 3 3 Constant of the country of the co	13. NAME Le Pare	
What test confirmed diagnosis? Was there an autopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION OR REMOVA: Place (Address) 19. UNDERTAKER (Address) 20. FILED 7 9 3 3 Constant of the country of the co	14. BIRTHPLACE (city or town)	
Where did injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION OF REMOVAL Place Onte (Address) 19. UNDERTAKER (Address) 20. FILED 7 9 3 3 Constant of Registrar. Where did injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Address) Manner of Injury Nature of injury If so, specify (Signed) (Signed) M. D. (Address)	(State of country)	
Where did injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION OF REMOVAL Place Onte (Address) 19. UNDERTAKER (Address) 20. FILED 7 9 3 3 Constant of Registrar. Where did injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Address) Manner of Injury Nature of injury If so, specify (Signed) (Signed) M. D. (Address)	H 15. MAIDEN NAME PACES WELLS A CHARLES	
Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION OR REMOVAL Place 19. UNDERTAKER (Address) 24. Was disease or injury in any way related to occupation of deceased? 26. FILED 7. 9 133 Comments 18. Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Signed)	O 16, BIRTHPLACE (city or town)	
18. BURIAL, CREMATION OR REMOVAL Place A STATE CONTROL OF THE CON	L. Sui-	(Specify city or town, county and State)
18. BURIAL, CREMATION OR REMOVAL Place Manner of Injury Nature of injury 19. UNDERTAKER (Address) 20. FILED 7. 19. 33 Observation Registrar. Manner of Injury Nature of injury (Signed) (Signed) (Address) (Address) (Address) (Address)	(Address)	Specify whether injury occurred in thousand, in nome, of in robert FLACE,
19. UNDERTAKER (Address) 20. FILED 7/1/9 20. FILED 7/1/9 21. Was disease or injury in any way related to occupation of deceased? (Signed) (Address) (Address) (Address) (Address)		Manner of Injury
16 so, specify 20. FILED 7/19 133 Chewales Registrar. If so, specify (Signed) # December M. D. (Address) (Address)	Place A 101- flat constitute flat 1, 1937	Nature of injury
20. FILED 7/19 133 Character (Signed) 4 January M.D. Registrat. (Address) Learner M.D.	19 UNDERTAKER TO STATE STATE OF THE STATE OF	24. Was disease or injury in any way plated to occupation of deceased?
20. FILED / 1922 (Address) Jewas My		If so, specify
Registrat. (Address) - Jest A. C. Alfordo M. Mig.		
	Registrar.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	[}	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.B.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gostroenteritis	1 yeor

B.-WRITE PLAINLY,

V. S. No. 1 ż

TATE O	F MARYL	AND-CERTIFI	CATE OF	DEATH	07405
--------	---------	-------------	---------	-------	-------

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County St Manys	Registration Dist. No. 287
Village or City Seatland (If	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Intent friedgell	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH luly 20 ,192 (Year)
5a. If married, widowed, or divorced HUSBANO of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of	22. Place Bi CERTIFF, mai Intended deceased from
6. DATE OF BIRTH (month, day, and year) Lile 20, 1933	I last saw has street form felles to, 1932; death is said
7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, at 1915 A.m.
I day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance
8. Trade, profession, or particular	were as follows:
SAWYER, BOOKKEEPER, etc.	P + L H
9. Industry or business in which	Usmarelline Oliva
work was done, as SILK MILL, SAW MILL, BANK, etc.	a months.
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation Occupation	
IZ. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
	Es Dunal bonis
13. NAME Charles E Mily 14. BIRTHPLACE (city or town)	prosent j
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
	What test confirmed diegnosis? Was there an aulopsy?
15. MAIOEN NAME Virginia Greensell 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOL ENCE) fill in elso the following:
[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
≥ (State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT agence Adgell (Address) Seatland med	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Horac, non Author Date July 20, 1933	Nature of injury
19. UNDERTAKER Charles & Ridgell (Addiess)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED July 22, 1937 My In Mo	(Signed) M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address)

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	- 1	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis		The principal cause of death and related causes of importance were as follows:	
	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. 8			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

infor-

OCCUPA

should

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Ballimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause of importance were a	of death and related causes is follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nep	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	AHC 2 1973	July 5, 1927	Peritonitis	3 days ago
	PITREAU V.B.			
Other contributory c	auses of importance:	1	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

m

ż

should state OCCUPA

1.

3. SE

5a. If

6. DA

7. AGE

OCCUPATION

FATHER

MOTHER

12. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

14. BIRTHPLACE (city or town) (State or country)

16. BIRTHPLACE (city or town (State or country)

18. BURIAL, CREMATION, OR REMOVAL

13. NAME

17. INFORMANT (Address)

19. UNDERTAKER

(Address)

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07407
PLACE OF DEATH	(119)
County of Marys	Registration Dist. No. 257
Village or City Hellywood	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs	
FULL NAME nona Elizabeth	Jallen
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
married, widowed, or divorced IUSBAND of or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
TE OF BIRTH (month, day, and year) May 1, 1933	I last sawh a alive on
Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
B. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Les colitis Date of onset
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
Date deceased last worked at this occupation (month and year)	
1 012	Other Contributeur Course of importance

Registrar. (Address) _ If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

What test confirmed diagnosis?_

Where did injury occur?___

Manner of injury

Nature of injury.

If so, specify

(Signed)

23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?______ Date of injury______ 19.

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

24. Was disease or injury in eny way related to occupation of deceased?

(Specify city or town, county and State)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
00			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

8

19. UNDERTAKER

(Address)

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07468
1. PLACE OF DEATH	(210-m)
County S/ marys	Registration Dist. No. 2 84
	NoSt., Ward death occurred in a hospitalor institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?yrsmosds.
<i>P D</i>	
2. FULL NAME Verye D. Wellion	wson
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
. SEX 4. COLDR OR RACE S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
mal whel- marced	(Month) (Day) (Year)
a. If married, widowed, or diverced HUSBAND of (or) WIFE of DATE OF BIRTH (month, dey, end years) AGE Yaars Months Deys If LESS than 1 dey, hrs. or min. 8. Trede, profession, or perticuler kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc. or min. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. or worked at this occupation (month end yeer) 10. Dete deceesed lest worked at this occupation (month end yeer) 11. Totel time (yeers) spant in this occupation (State or country)	1 HEREBY CERTIFY. Thet I attended daceased from July 19.3.3., to 19.3.3 I last sew hole as after one of the Last Last Last Last Last Last Last Last
13. NAME over Sacret	Neme of operation Deta of
(State or country) Surangualle (What test confirmed diagnosis? Was there an aulopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Steta or country) 17. INFORMANT (Address) / 3 2 4 c 5 . 6 . Com Work 2 C.	23. If death was due to axternal causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide? Grant Date of injury due 13, 19, 3, 3 Where did injury occur? In the following: (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
The state of the s	

Was diseese or Injury In any way releted to occupation of deceesed?. If so, specify

(Address)

Registrar.

(Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation priors to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "cmployee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	de en et de en en en en en en en en en	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephralis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory carses of importance: Gallstones		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	ADDITIONAL SPACE FOR FURT	THER STATEMENTS BY PHY	YSICIAN
7	1 - 1	0 0 1	
for auth	aringting to change	e date of with	see letter
	On ign .	1	(
under	(Nellamore 9	1/1/33.	
		AS,	